

**JUNE
2021**

William J. Cadzow – Lac La Biche Healthcare Centre

North Zone

Alberta Health Services

Spring Survey

June 14 - 25, 2021



ACCREDITATION
AGRÉMENT
CANADA

Table of Contents

About this Accreditation Report	3
About the AHS Accreditation Cycle.....	3
North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey	4
Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey	4
Confidentiality.....	5
Executive Summary.....	6
Surveyor Observations.....	6
Survey Methodology.....	7
Key Opportunities and Areas of Excellence	8
Key Opportunities	8
Areas of Excellence	8
Results at a Glance	9
Compliance Overall.....	9
Compliance by Standard	10
Compliance By System Level Priority Process.....	11
Compliance by Quality Dimension.....	12
Compliance by Required Organizational Practice (ROP).....	13
Detailed Results: System-level Priority Processes	15
Emergency Preparedness	15
Infection Prevention and Control	15
Medical Devices and Equipment.....	16
Medication Management	17
Patient Flow	18
People-Centred Care.....	18
Physical Environment.....	19
Detailed Results by Service-Level Priority Process	20
Emergency Department.....	20
Inpatient Services.....	21
Long-Term Care Services.....	22
Obstetrics Services.....	22
Perioperative Services and Invasive Procedures	23
Service Excellence	24
Criteria for Follow-up.....	25
Criteria Identified for Follow-up by the Accreditation Decision Committee	25

About this Accreditation Report

Alberta Health Services (referred to in this report as “the organization”) is participating in Accreditation Canada’s Qmentum accreditation program. As part of this ongoing process of quality improvement, an on-site survey was conducted June 14, 2021 – June 25, 2021. Information from the survey, as well as other data obtained from the organization, were used to produce this Accreditation Report.

Accreditation results are based on information regarding sites and services provided by the organization. Accreditation Canada relies on the accuracy of this information to plan and conduct the on-site survey and produce the Accreditation Report.

About the AHS Accreditation Cycle

Since 2010, Alberta Health Services (AHS) has embraced a sequential model of accreditation. This model supports a more continuous approach to quality improvement by providing additional opportunities to assess and improve year-over-year, relative to a traditional accreditation approach that adopts one assessment per accreditation cycle.

In 2019, Accreditation Canada and AHS co-designed an accreditation cycle that further enhances a sequential accreditation model. Under this new approach, Accreditation Canada will conduct two accreditation visits per year for the duration of the cycle (2019-2022). Accreditation visits are helping AHS achieve its goal of being *Accreditation Ready* every day by inspiring teams to work with standards as part of their day-to-day quality improvement activities.

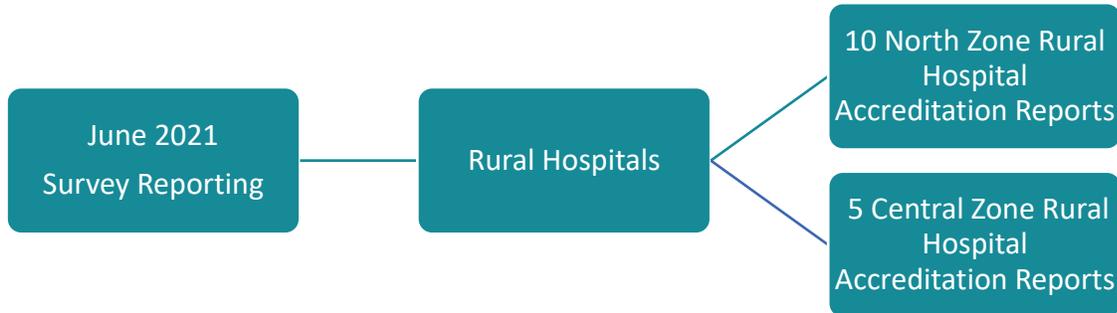
Focused assessment for the foundational standards of Governance, Leadership, Infection Prevention, and Control, Medication Management and Reprocessing of Reusable Medical Devices occurred in the first year of the cycle (Spring and Fall surveys for 2019).

During the cycle (2019-2022), site-based assessments for rural hospitals use a holistic approach and integrate assessments for all clinical service standards applicable at the site, as well as the foundational standards of Medication Management, Infection Prevention and Control, Reprocessing of Reusable Medical Devices, Service Excellence and Leadership. Program-based assessments are applied to large urban hospitals where clinical services are assessed against the respective clinical service standard along with the foundational standards. This integrated assessment approach for both small rural hospitals and large urban hospitals provides a more comprehensive assessment.

To further promote continuous improvement, AHS has adopted new assessment methods offered by Accreditation Canada. Pre-survey attestation requires sites/teams to conduct a self-assessment against specified criteria within the standards and provide a declaration that the self-assessment is both accurate and reliable to the best of the organization’s knowledge. These ratings are validated by Accreditation Canada during the on-site survey and are used to inform an accreditation decision at the end of the four-year accreditation cycle. The second assessment method is unannounced on-site surveys. This method requires all sites and services to participate in pre-survey attestation and engage in the accreditation process to ensure the standards have been implemented and they are *accreditation ready* at all times.

After each accreditation visit, reports are issued to AHS to support their quality improvement journey. AHS's accreditation award will be granted at the end of the accreditation cycle.

The accreditation reports for the Spring 2021 Survey are organized as follows:



North Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Boyle Healthcare Centre
- Edson Healthcare Centre
- Elk Point Healthcare Centre
- George McDougall - Smoky Lake Healthcare Centre
- Hinton Healthcare Centre
- Slave Lake Healthcare Centre
- St. Therese - St. Paul Healthcare Centre
- Wabasca/Desmarais Healthcare Centre
- Whitecourt Healthcare Centre
- William J. Cadzow - Lac La Biche Healthcare Centre

Central Zone Rural Hospital Assessment – Sites Visited for Unannounced On-site Survey

- Coronation Hospital and Care Centre
- Daysland Health Centre
- Vermilion Health Centre
- Viking Health Centre
- Wainwright Health Centre

Confidentiality

This report is confidential and is provided by Accreditation Canada to the organization only.

Accreditation Canada does not release the report to any other parties.

In the interests of transparency and accountability, Accreditation Canada encourages the organization to disseminate its Accreditation Report to staff, board members, clients, the community, and other stakeholders.

Any alteration of this Accreditation Report compromises the integrity of the accreditation process and is strictly prohibited.

Executive Summary

Surveyor Observations

William J. Cadzow – Lac La Biche Healthcare Centre is located in the town of Lac La Biche. It serves a population with the surrounding areas of 18000 people. There are 9 ER stretchers, 23 medical beds, 40 long-term care, 2 obstetrical suites, and a surgical day care providing over 220 outpatient surgeries including caesarian sections a year.

There is evidence of the community and auxiliary support with the recent addition of investigative equipment such as a CT Scanner, ultrasound, and ECG. In 2017, the hemodialysis unit was moved into a brand-new unit inside the hospital from a bus where this service had been provided from 2011 to 2017. Also new to this site as of June 28, 2021 will be the local centre of excellence to provide immediate stroke care to walk-in patients.

Despite the financial community support for the hospital, the staff felt discouraged by the community's reaction to the COVID pandemic and the difficulty of patients and families in following health orders. Leadership is continually looking for ways to help them cope with this grief.

The site is just over 30 years old and shows its aging infrastructure. Last April there was a complete power loss for 18 hours due to the wiring being too close to the surface where the loading dock is located. The constant agitation of the wires created failure of the backup generator. Current repairs are being done to the surface of the parking lot, thus enabling the power lines to be placed to the appropriate depth inground to be safe. The medical reprocessing department will be having a remodeling in early 2022. Due to the age of the building, storage is a continuing struggle.

The staff feel there is lack of readily available security during the night to assist with code White incidents. The nearest support comes from two hours away at Slave Lake, if local RCMP is busy elsewhere. At night there are only three employees in the facility.

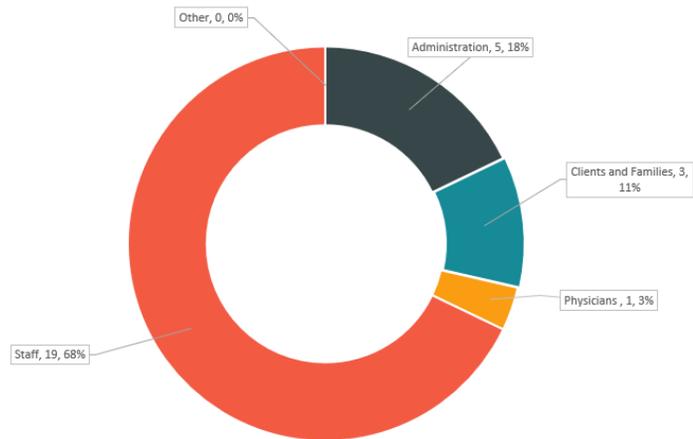
The site leadership is committed to supporting staff to deliver excellent care to the population they serve. The implementation of quality boards across different areas at the site is a testament to their commitment to quality care. The site truly embraces people-centered care in their day-to-day work. The site reaches out to the indigenous liaison and palliative care teams to support their clients. As a site they do a great job in preparing for and managing emergencies. Staff adhere to infection prevention and control standards for the most part. The support of the on-site pharmacist and pharmacy technician are a bonus in supporting best practices related to medication management.

Overall, this site is doing a good job of providing quality care to its clients and supporting staff in delivering care to the population they serve.

Survey Methodology

The Accreditation Canada Surveyors spent two days at William J. Cadzow – Lac La Biche Healthcare Centre.

To conduct their assessment, the survey team gathered information from the following groups¹



¹ "Other" interviewees refer to individuals such as students or volunteers

Key Opportunities and Areas of Excellence

The Accreditation Canada survey team identified the following key opportunities and areas of excellence for this site:

Key Opportunities

1. Seek out ways to counteract the aging infrastructure and create a storage room
2. Replace Air Handling units to stabilize OR environment
3. Increase security availability for the night shift to support staff managing patients with mental health issues
4. Include clients in the designing of the space

Areas of Excellence

1. People-centred care and community involvement is very good
2. Education resources and support are accessible and well utilized
3. Investment in quality work, and staff communication from leadership is commendable

Results at a Glance

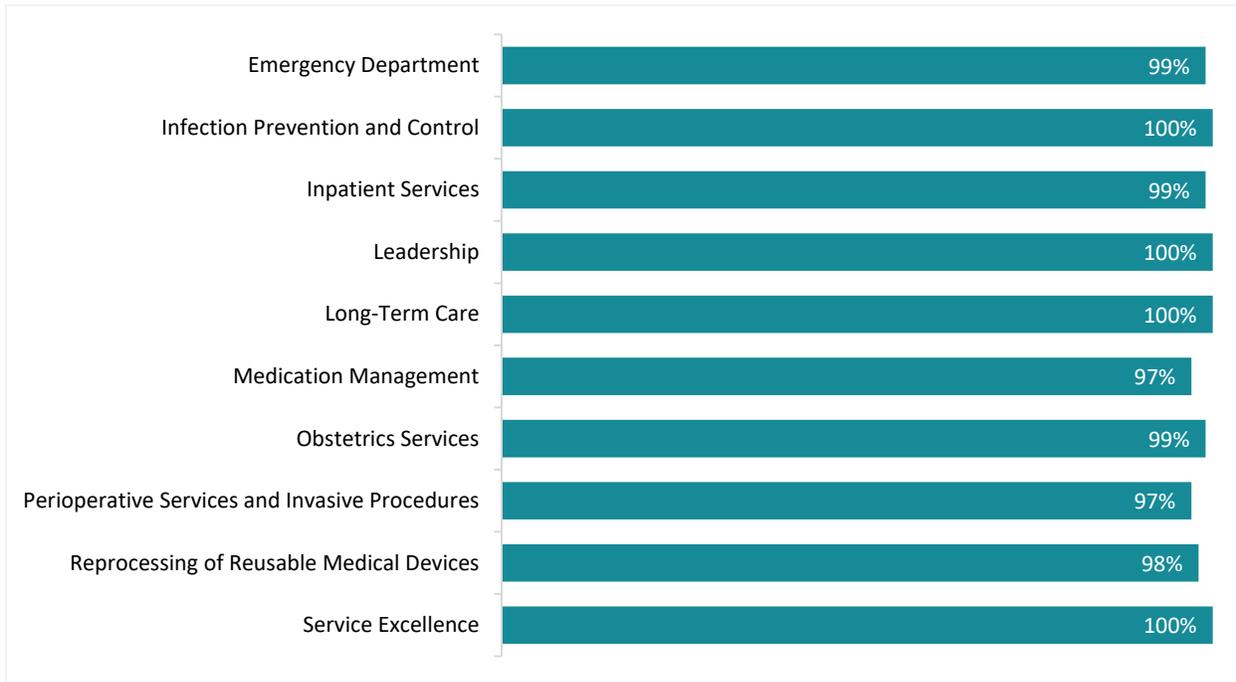
This section provides a high-level summary of results by standards, priority processes and quality dimensions.

Compliance Overall¹

Percentage of criteria			Attestation: A form of conformity assessment that requires organizations to conduct a self-assessment on specified criteria and provide a declaration that the assessment is accurate to the best of the organization’s knowledge. This data is used to inform an accreditation award.
Attested 98% met	On-Site 98% met	Overall 98% met	
Number of attested criteria			
Attested 114 criteria	Audited 17 Criteria		On-site Assessment: Peer Surveyors from Accreditation Canada visit one or more facilities to assess compliance against applicable standards.

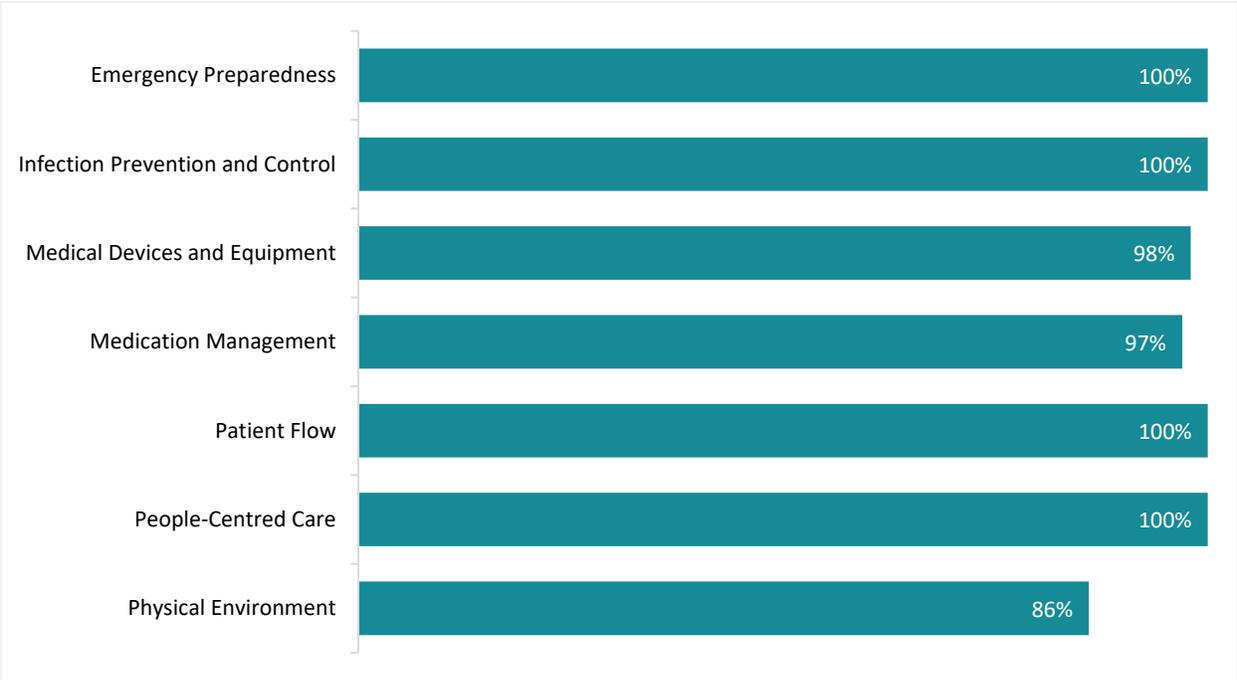
¹ In calculating percentage compliance rates throughout this report, criteria rated as ‘N/A’ and criteria ‘NOT RATED’ were excluded. Data at the ‘Tests for Compliance’ level were also excluded from percentage compliance calculations. Compliance with ROPs and their associated ‘Tests for Compliance’ are detailed in the section titled *Detailed Results: Required Organizational Practices (ROPs)*.

Compliance by Standard



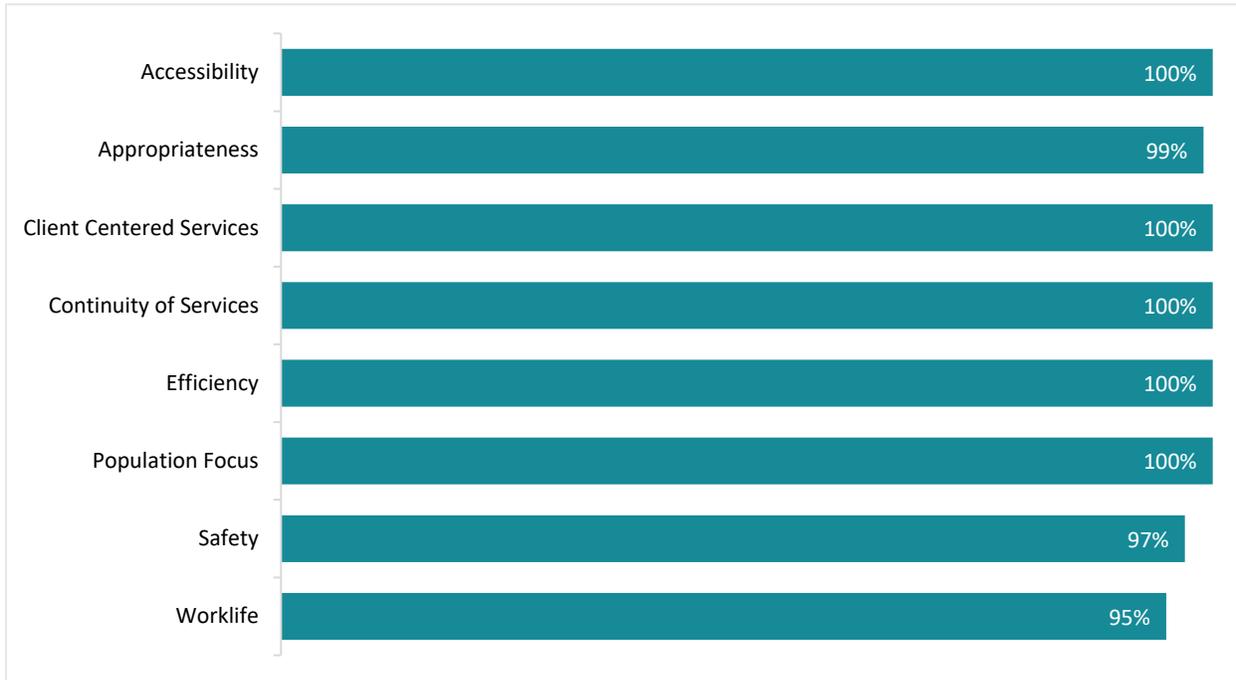
STANDARD	MET	UNMET	N/A	NOT RATED
Emergency Department	93	1	1	0
Infection Prevention and Control	37	0	0	0
Inpatient Services	68	1	0	0
Leadership	9	0	0	0
Long-Term Care Services	81	0	0	0
Medication Management	77	2	8	0
Obstetrics Services	80	1	2	0
Perioperative Services and Invasive Procedures	138	5	6	0
Reprocessing of Reusable Medical Devices	89	2	0	0
Service Excellence	76	0	0	0

Compliance By System Level Priority Process



PRIORITY PROCESS	MET	UNMET	N/A	NOT RATED
Emergency Preparedness	7	0	0	0
Infection Prevention and Control	34	0	0	0
Medical Devices and Equipment	106	2	4	0
Medication Management	91	3	8	0
Patient Flow	19	0	0	0
People-Centred Care	54	0	0	0
Physical Environment	12	2	0	0

Compliance by Quality Dimension



DIMENSION	MET	UNMET	N/A	NOT RATED
Accessibility	49	0	0	0
Appropriateness	235	3	6	0
Client Centered Services	165	0	0	0
Continuity of Services	30	0	0	0
Efficiency	6	0	0	0
Population Focus	4	0	0	0
Safety	239	8	10	0
Worklife	20	1	1	0

Compliance by Required Organizational Practice (ROP)

ROP	STANDARD	RATING
COMMUNICATION		
Client Identification	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	MET
	Obstetric Services	MET
	Perioperative Services and Invasive Procedures	MET
The 'Do Not Use' list of Abbreviations	Medication Management	MET
Medication Reconciliation at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Safe Surgery Checklist	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
Information Transfer at Care Transitions	Emergency Department	MET
	Inpatient Services	MET
	Long Term Care	MET
	Obstetrics Services	MET
	Perioperative Services and Invasive Procedures	MET
MEDICATION USE		
Antimicrobial Stewardship	Medication Management	UNMET
Concentrated Electrolytes	Medication Management	MET
Heparin Safety	Medication Management	MET
High-alert Medications	Medication Management	MET
Narcotics Safety	Medication Management	MET
Infusion Pump Safety	Service Excellence	MET

INFECTION CONTROL		
Hand-hygiene Compliance	Infection Prevention and Control	MET
Hand-hygiene Education and Training	Infection Prevention and Control	MET
Infection Rates	Infection Prevention and Control	MET
RISK ASSESSMENT		
Falls prevention and injury reduction	Inpatient Services	MET
	Long Term Care	MET
	Obstetric Services	MET
	Perioperative Services and Invasive Procedures	MET
Pressure ulcer prevention	Inpatient Services	MET
	Long Term Care	MET
	Perioperative Services and Invasive Procedures	N/A
Suicide prevention	Emergency Department	MET
	Long Term Care	MET
Venous thromboembolism prophylaxis	Inpatient Services	MET
	Perioperative Services and Invasive Procedures	N/A

Detailed Results: System-level Priority Processes

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. System-level priority processes refers to criteria that are tagged to one of the following priority processes: Emergency Preparedness; Infection Prevention and Control; Medical Devices and Equipment; Medication Management; Patient Flow; People-Centred Care; Physical Environment. Note that the following calculations in this section exclude Required Organizational Practices.

Emergency Preparedness

Priority Process Description: Planning for and managing emergencies, disasters, or other aspects of public safety. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control; Leadership.

There are no unmet criteria for this Priority Process.



The site has a very good system in place for managing emergency situations. The site leadership, staff and community are commended for their success in responding to the power failure that happened recently. The site participates in mock code exercises and tabletop exercises on code red, code yellow, etc. The monthly code red drill happened during the survey. The site has dedicated shelter areas to be used during disasters such as a tornado. The Public Health and Infection Prevention and Control team are

much involved in managing outbreaks and their collaborative efforts were successful in managing the COVID outbreak at the Long-Term Care and inpatient areas earlier this year.

Infection Prevention and Control

Priority Process Description: Providing a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. This system-level priority process refers to criteria that are tagged to one of the following standards: Infection Prevention and Control.

There are no unmet criteria for this Priority Process.



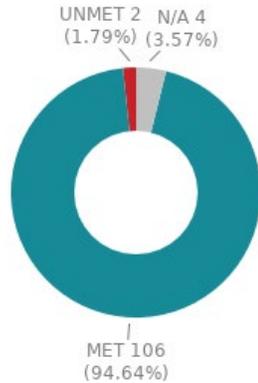
There are good infection control practices in place at this site. There are hand sanitizers and personal protective equipment (PPE) available for staff and families. The housekeeping staff follow specific cleaning processes for cleaning the rooms and keeping a log outside each room. They conduct deep cleaning of all resident rooms once every 6 months. It is advisable to remove all papers on boards in the hallway to prevent the spread of COVID. The team is encouraged to make sure all staff follow hand hygiene

practices diligently before and after patient care including after removing the gloves. Since the hand

hygiene rate is low (76%, March 2021) the leadership team is advised to review the hand hygiene practices closely and share the results with staff for improvement.

Medical Devices and Equipment

Priority Process Description: Obtaining and maintaining machinery and technologies used to diagnose and treat health problems. This system-level priority process refers to criteria that are tagged to one of the following standards: Perioperative Services and Invasive Procedures; Reprocessing of Reusable Medical Devices.



This department is very well run, and for the age of the hospital, is very well set up. The unit has a very good flow of soiled through to clean. There is reprocessing done for several other sites and the facility employs a very organized person, who does their work with a lot of pride.

In early 2022 there is a renovation planned. It is hoped the brick-and-mortar floor will be replaced, along with the plastic peg board.

An additional washing unit will be put in and hopefully the old one will be replaced along with the sterilizing units. The working tables and carts are stainless steel, but do not have height adjustment ability. This will be a worthwhile renovation and hopefully will include input from the person who works in the unit.

STANDARD	UNMET CRITERIA	CRITERIA
Reprocessing of Reusable Medical Devices	3.6	The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work services that are easy to clean, non-absorbent, and will not shed particles or fibers.
Reprocessing of Reusable Medical Devices	14.2	Standard operating procedures (SOPs) are applied for inventory control of sterilized devices.

Medication Management

Priority Process Description: Using interdisciplinary teams to manage the provision of medication to clients. This system-level priority process refers to criteria that are tagged to one of the following standards: Medication Management; Perioperative Services and Invasive Procedures.



At William J. Cadzow – Lac La Biche Healthcare Centre the pharmacy is well run and led by a pharmacist and a pharmacy technician 5 days a week. The pharmacy is well kept, tidy and clean looking. The antimicrobial stewardship program is implemented, however, there is room for improvement. The program could be actively used to ensure patient safety and an evaluation of the effectiveness of the program could also help determine if any changes are needed.

Medication administration practices are good - checking 2 client identifiers before providing medications is done. The site is encouraged to make sure this is followed in long-term care areas as well for improving safety. Do not use abbreviation list is implemented with education and audits are being done. Look alike/sound alike medications are separated. Education on high alert medication is done and there are alerts noted on those medications. The doses of high alert medications are within the safety range in the clinical areas. The instruction sheet is missing on the infusion pumps - it is recommended to keep the instruction sheet on the infusion pumps for reference. The medication room counter needs to be tidied up removing the supplies or storing them appropriately. This will promote the efficient use of space.

STANDARD	UNMET CRITERIA	CRITERIA
Medication Management	15.1	The pharmacist reviews all prescription and medication orders within the organization prior to administration of the first dose.
Medication Management	23.6	Lot numbers and expiry dates for vaccines are recorded in the client record following administration.
Medication Management	11.1	When preparing to administer anesthesia (including conscious sedation), consideration is given to available medications, administration guidelines, potential complications and side effects, and indications/contraindications.

Patient Flow

Priority Process Description: Assessing the smooth and timely movement of clients and families through service settings. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Leadership; Perioperative Services and Invasive Procedures.

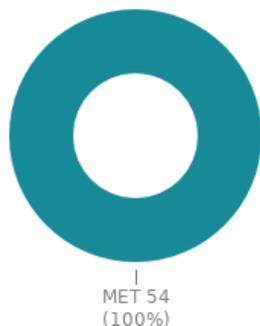


There are no unmet criteria for this Priority Process.

Patient flow through the units is good, and there are processes in place to ensure the correct placement of people needing long-term care (LTC), or home care supports. Clients admitted to inpatient units are moved to medical beds within hours at the most and there are currently five LTC beds open at the time of this visit.

People-Centred Care

Priority Process Description: Working with clients and their families to plan and provide care that is respectful, compassionate, culturally safe, and competent, and to see that this care is continuously improved upon. This system-level priority process refers to criteria that are tagged to one of the following standards: Emergency Department; Inpatient Services; Long-Term Care Services; Obstetrics Services; Perioperative Services and Invasive Procedures; Service Excellence.



There are no unmet criteria for this Priority Process.

The site does a great job of delivering people-centered care. The inpatient care does interdisciplinary care rounds twice per week. The LTC area conducts quarterly medication review and yearly care conferences with the resident and family. The site also benefits from the support of the indigenous liaison, palliative care nurse, etc. During COVID, the site benefitted from using iPads to support patients and residents in calling their families to stay connected. The patient whiteboards in the rooms are completed for the

most part. The team is encouraged to make sure the relevant information on the whiteboard is completed to facilitate communication between patients, families, and team members.

Physical Environment

Priority Process Description: Providing appropriate and safe structures and facilities to achieve the organization’s mission, vision, and goals. This system-level priority process refers to criteria that are tagged to one of the following standards: Leadership; Perioperative Services and Invasive Procedures.



The building is over 30 years old. The site is very clean, but there are signs of the age in chipping cabinetry, lack of storage space, and the appearance of many peg boards in the ED, OB and MDR. The air handling units need to be replaced. A new generator and boiler are being purchased.

Regular inspections are done as required. Maintenance staff are notified of needed repairs with facility requisitions. IPC is involved in all renovations and create the plan for patient safety during the renovations. LED lighting is replacing the old lighting in phases, section by section. To

assist with heat reduction, it is suggested to place the OR for the next phase of LED replacement.

The current work on burying the electrical cables and the resurfacing of the parking lot will take over six months and is the current priority. This was an unplanned renovation and follows the incident of the electrical cables shorting out, leading to an 18-hour power outage. During this event the community came together to provide private generators and emergency lighting for the site.

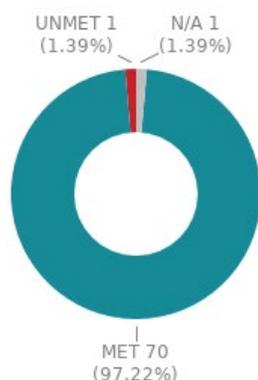
STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	1.3	Heating, ventilation, temperature, and humidity in the area where surgical and invasive procedures are performed are monitored and maintained according to applicable standards, legislation, and regulations.
Perioperative Services and Invasive Procedures	1.6	Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.

Detailed Results by Service-Level Priority Process

Accreditation Canada defines priority processes as critical areas and systems that have an impact on the quality and safety of care and services. Service-level priority processes refer to criteria that have been tagged to one of the following priority processes: Clinical Leadership; Competency; Decision Support; Episode of Care; Impact on Outcomes.

Emergency Department

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



This well run and efficient Emergency Department (ED) sees 9000 visits a year. They are the trauma unit for this geographical area, with an EMS vehicle always on standby for transport.

The unit is staffed with two nurses during the day and a nurse at night dedicated to the ED. During the night there are always four physicians on-call for the site (one for ED, medicine, surgery & OB) as well as an anaesthesiologist.

The management of the COVID pandemic is exemplary with minimal supplies in the trauma room. Unfortunately, the OR recovery room has since become the storage venue for seldom used equipment.

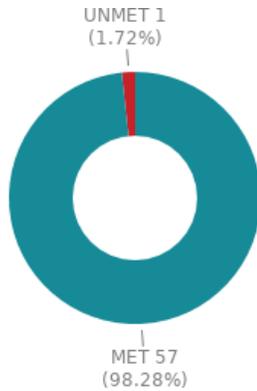
It may also be an opportunity to strategically review the supplies on the trauma cart as at this time it appears to be overstocked, and the drawers are unstable making it difficult to access supplies.

The physicians in the community all work in the same clinic and work within the same business model. All the roles of providing service are rotated through each partner for president, scheduling, QI and communication so each will have the responsibility of the task. There is a doctor's communication board in the ER.

STANDARD	UNMET CRITERIA	CRITERIA
Emergency Department	1.2	Education and support to work with clients with mental health and addictions are provided to team members.

Inpatient Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



Standardized assessment processes are used for patient assessment incorporating patient’s needs and preferences. Medication reconciliation is completed with the support of Best Possible Medication History.

There are standardized processes to ensure patients and families understand the treatment options. The site makes the effort to obtain informed consent from patients or from their substitute decision maker. The team conducts interdisciplinary rounds two times per week to focus on discharge planning. Certain safety practices have been well

followed in acute medicine. The site is encouraged to standardize and document practices such as VTE risk assessment and prophylaxis and shift to shift report using IDRAW to reduce unwarranted variation and allow the evaluation of the practices.

The site will be encouraged to use a consistent falls sign – see what AHS recommends. Different sites are using different signs to indicate falls risk. Due to increased cases of patients with mental health issues needing overnight stay, the site will be encouraged to review the resources available to support staff for safety.

The patient interviewed commented on the quality care they receive at the site. They wished they could see the doctor more often. They commented that the team discussed with them the plans for their discharge.

STANDARD	UNMET CRITERIA	CRITERIA
Inpatient Services	6.10	A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.

Long-Term Care Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



Most ROPs are well done at the site. Clients are assessed for risk of suicide. Services are delivered in accordance with the care plan. The leadership team is very committed to staff and resident safety.

Residents and families are advised of their rights and responsibilities by posting the information on the board for everyone to access. The team is encouraged to include the information about the rights and responsibilities as part of the admission package. The team also use unit-to-unit report during transfer of the resident and IDRAW for shift-

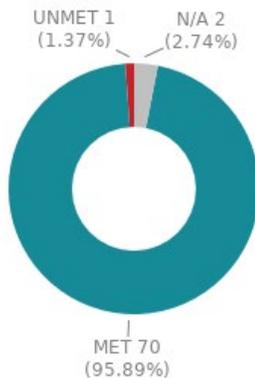
to-shift handovers.

The team is encouraged to make sure two-person specific identifiers are used during high-risk activities to promote patient safety. A people-oriented approach was seen at the LTC area. Team has posted results from various resident surveys conducted at the site as well as minutes from the resident council.

The two residents that were interviewed commented on the quality of care they receive at the facility. One resident requested to have a door sensor that automatically opens to the patio so that residents who are disabled and with assistive devices do not have to depend on others for opening the door.

Obstetrics Services

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



There are two large obstetrical suites. The current nursery is being shared with medicine inpatients for storage. This is where infant resuscitation takes place, requiring everything to be removed in this event. Plans are in place to enable the resuscitation to take place in the OB suites with the installation of the cabling for telehealth in each.

There are 100 deliveries a year, and the ability to provide planned and emergent caesarian sections. There is no specific staffing for OB, and the coverage is covered by the medical nurses.

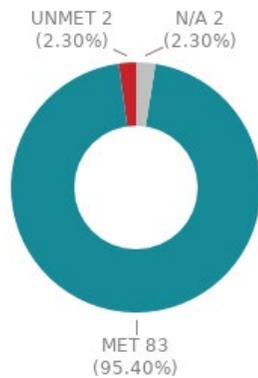
There are three anaesthetists available and on-call. Supporting the delivery are two midwives and three physicians. Midwives will follow up on clients six weeks post delivery. Public health follows up on every delivery once the client has left the hospital. MoreOB is the quality tool used for the program, and all Pre-Printed Orders PPOs, monitoring forms and protocols are standardized from AHS.

Planning for a renovation to enable equal access to the obstetrical storage room and to enable the patient bathroom to be more accessible is recommended.

STANDARD	UNMET CRITERIA	CRITERIA
Obstetrics Services	5.5	A pre-anaesthetic assessment is conducted by the anaesthetist prior to the commencement of the C-section, and for vaginal birth, where appropriate, in partnership with the client and family.

Perioperative Services and Invasive Procedures

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



The operating room books surgeries two days a week, including endoscopy, c-sections, and dilation and curettage. There are two operating rooms, one for general anaesthetics and one for conscious sedations. The staff who work in the OR also cover in the ED and would follow the clients through the post anaesthesia recovery. There is a plan in place to have another surgeon come to town once per week to perform other day surgery procedures.

There were four patient charts reviewed and the only point of concern was the inconsistent completion of the

anaesthesia assessments, pre-op, monitoring during, and recovery post op. This may be an idea for an audit of more charts, with a QI plan if there is a gap.

Medication is monitored by nurses in the OR on a schedule, and by pharmacy after every case. There is a list of quantities for each one stocked. The nurses will co-sign for the narcotics delivered by the anaesthetist. It is suggested the process of disposing medication vials be standardized to allow this to be a simpler task for the nurses. The anaesthetist could place empty vials into a kidney basin for disposal after the narcotic count rather than immediately disposing and relying on the nurse to monitor what is given during the procedure.

With the chiller units not working properly, the humidity and heat in the rooms is a continuous concern. Some options to assist with this would be to replace the lights with LED fixtures, incorporate the use of the bear huggers to warm the patient while keeping the room temperature lower.

The recovery room is a bit cluttered. There are aluminum poles in the corner, and equipment that is no longer used, and at this time items the ED would normally store but due to COVID are in this room. There is a plan in place to rearrange the workflow to increase efficiency.

With another surgeon coming to the site, this may pose more storage concerns. Implementation of a case care system might be considered so minimum supplies are stored in the OR.

STANDARD	UNMET CRITERIA	CRITERIA
Perioperative Services and Invasive Procedures	6.9	Each client is assigned an American Society of Anesthesiologists (ASA) physical status classification level.
Perioperative Services and Invasive Procedures	6.13	A pre-anesthetic assessment is conducted by the anesthesiologist prior to the commencement of the procedure, in partnership with the client and family.

Service Excellence

Episode of Care Bundle Description: Partnering with clients and families to provide client-centred services throughout the health care encounter.



The site leadership team is committed to promoting safe patient care and supporting staff to deliver quality care.

Staff are supported for their professional growth. The leader takes the effort to send handwritten notes to each staff member recognizing their efforts. The site will be encouraged to restart the performance evaluation of staff as part of supporting their growth.

The leadership is focussed on outcomes in their efforts to deliver quality care. The site works in close collaboration

with external stakeholders (women’s shelter, Lebanese community, indigenous community) in assessing and meeting the needs of the population they serve. The site takes part in QI initiatives such as colorectal screening program.

Criteria for Follow-up

Criteria Identified for Follow-up by the Accreditation Decision Committee

Follow-up Criteria			
Standard		Criteria	Due Date
Inpatient Services	6.10	A procedure is followed to appropriately implement restraints, monitor a client in restraint, and document the use of restraint in the client's record.	June 30, 2022
Obstetrics Services	5.5	A pre-anaesthetic assessment is conducted by the anaesthetist prior to the commencement of the C-section, and for vaginal birth, where appropriate, in partnership with the client and family.	June 30, 2022
Perioperative Services and Invasive Procedures	1.6	Airflow and quality in the area(s) where surgical and invasive procedures are performed are monitored and maintained according to standards applicable for the type of procedures performed.	June 30, 2022
Perioperative Services and Invasive Procedures	6.9	Each client is assigned an American Society of Anesthesiologists (ASA) physical status classification level.	June 30, 2022
Perioperative Services and Invasive Procedures	6.13	A pre-anesthetic assessment is conducted by the anesthesiologist prior to the commencement of the procedure, in partnership with the client and family.	June 30, 2022
Perioperative Services and Invasive Procedures	11.1	When preparing to administer anesthesia (including conscious sedation), consideration is given to available medications, administration guidelines, potential complications and side effects, and indications/contraindications.	June 30, 2022
Reprocessing of Reusable Medical Devices	3.6	The Medical Device Reprocessing (MDR) department has floors, walls, ceilings, fixtures, pipes, and work surfaces that are easy to clean, non-absorbent, and will not shed particles or fibres.	June 30, 2022
Reprocessing of Reusable Medical Devices	14.2	Standard operating procedures (SOPs) are applied for inventory control of sterilized devices.	June 30, 2022

Follow-up ROPs			
Standard		ROP - Test of Compliance	Due Date
Medication Management	Antimicrobial Stewardship		
	2.3.5	The program is evaluated on an ongoing basis and results are shared with stakeholders in the organization.	June 30, 2022

